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ABSTRACT

This bibliography is a selection of citations dealing with various aspects of worksite health promotion. The first section contains general interest publications found in popular newspapers and magazines. The second section contains citations and abstracts taken from the Food and Nutrition Information Center. This section includes reference materials (guides, resources, bibliographies, and various perspectives) which may be helpful to the employer who is interested in developing a health promotion program as well as the professional who desires background information on the worksite wellness movement in general. The third section contains citations and abstracts from the Food and Nutrition Information Center subfile of the "Agricola" database which describe or evaluate various worksite health promotion programs. (JD)

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Worksite Health Promotion

Special Reference Briefs: SRB 90-03

Jan M. Ostby
Food and Nutrition Information Center

National Agricultural Library Beltsville, Maryland 20705 November 1989

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WORKSITE HEALTH PROMOTION

OVERVIEW and HISTORY

Health promotion campaigns have gained widespread acceptance in both the public and private sector in recent years. Compared to traditional health care which focuses on treating the individual when they show evidence of illness, the primary goal of health promotion is prevention of illness and disease. The difference between the two approaches has been characterized in a 1985 USDA Extension Service publication **Wellness at the Worksite** as follows:

> The traditional idea of health care ends where disease leaves off. Wellness, on the other hand, is a continuum, ranging from absence of disease to various levels of well-being.

In past years the community has been the primary target for health promotion/disease prevention activities. With the release in 1979 of the Department of Health, Education, and Welfare publication **Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention**, national attention was focused on the "worksite" as a potential location for health promotion. The emergence of the workplace as a likely setting for similar kinds of activities has come about, in part, because the workplace is a logical extension of the community. Considering the proportion of Americans employed and the time spent in an occupational setting, worksite health promotion programs have the potential to reach a sizable audience. Employers' concern for cost containment has been fundamental to the growing popularity of worksite programs.

Over the past decade, the number and types of worksite programs have been steadily increasing. In 1985, the Office of Disease Prevention and Health Promotion conducted a nationwide survey of companies with more than fifty employees and found that 66% of these worksites had at least one employee health promotion program. The programs most frequently offered include smoking control, followed by health risk assessment (with some type of screening), back care, stress management, exercise/fitness, nutrition education, off-the-job accident prevention, high blood pressure control, and weight control.

BENEFITS

Worksite health promotion programs generally are based on the concept that individual risk of chronic disease, disability, or mortality can be substantially reduced by adopting healthful

lifestyles. Companies have much to gain and a great deal to lose when it comes to the health and well-being of their employees. Most companies are beginning to recognize that human resources are among their most valuable assets and, as a result, consider efforts to preserve and improve employee health as sound business practice. A healthy employee is likely to be a happier more productive employee who is less likely to initiate grievances against the company. In addition, a well received health campaign can contribute to a positive corporate image and be seen as a employee benefit, which can help in recruitment and retention of personnel.

Economics has clearly been a strong force behind the worksite wellness movement since individual and corporate health care costs have escalated in recent years. In 1973, U.S. corporations paid approximately 6% of employees' health costs but by 1983 this had increased to 16%. One projection is that by 1993, American business may have to cover 35-40% of employee health care costs--most of which are passed on to the consumer. A company can reduce health care costs substantially if it can identify high risk employees since 75% of a corporation's health costs are generated by only 10% of its employees. There are hidden costs associated with employee illness and disability including increased absenteeism and turnover rates, decreased productivity, and the cost to recruit and train new personnel.

POTENTIAL DRAWBACKS

Not all aspects of worksite health promotion are free of criticism. In some cases, individuals who choose to participate in worksite health programs tend to be healthier, more physically fit, and more health conscious than non-participants even before entering the program. The question is raised whether health promotion programs are reaching those who could benefit the most. Companies which offer broad based programs (health screening, nutrition education, stress reduction, smoking cessation, etc.) are more likely to reach all segments of the workforce.

In other instances, companies tend to overlook obvious organizational flaws which contribute to employee stress and subsequent health problems. Correcting these flaws might be more beneficial for employees than instituting a wellness program. In addition, several ethical concerns are associated with health promotion campaigns. Many aspects of the marketing of wellness programs imply some individual blame for undesirable traits. The possibility also exists that confidential information collected in screening programs could be used against an individual in job placement or promotion.

The question of liability has also been raised. For example, a

company may be held accountable for injuries suffered during health promotion activities, as a result of negligence, or for failure to act when it is appropriate. Another drawback which is often cited in reference to worksite wellness programs is that there is a lack of hard scientific data to prove that employee programs result in cost savings for companies.

FUTURE PROSPECTS

Although not all aspects associated with wellness programs are positive, worksites have the opportunity to draw upon the strong social support system which exists between fellow employees to motivate behavior change. The possibility exists that many companies will venture into the wellness arena by providing their employees with a variety of health and fitness related programs. Establishing a wellness program is similar to starting a business. It takes time, financial investment, creativity, and sound planning to build up a dependable clientele. Development of goals, objectives, and means of evaluation are essential. Effective marketing is crucial, and long-term success depends on employee satisfaction with the goods and services provided. Most companies considering the idea of health promotion would benefit from consultation with federal, state, or private agencies which specialize in providing guidance on establishing a worksite wellness program.

BIBLIOGRAPHY

The following bibliography is a selection of citations dealing with various aspects of worksite health promotion. The first section, titled **"General News Coverage"**, contains general interest publications found in popular newspapers and magazines.

The second section, titled **"Program Development"**, contains citations and abstracts taken from the Food and Nutrition Information Center (FNIC) subfile of the AGRICOLA database (1979-1989). This section contains reference materials (guides, resources, bibliographies, and various perspectives) which may be helpful to the employer who is interested in developing a health promotion program as well as the professional who desires background information on the worksite wellness movement in general.

The third section, titled **"Program Evaluation"**, contains citations and abstracts from the FNIC subfile (1979-1989) which describe or evaluate various worksite health promotion programs.

GENERAL NEWS COVERAGE: GENERAL INTEREST MAGAZINES

1
Wellness at work: how corporations help employees fight stress and stay healthy.
Roberts, Marjory; Harris, T. George.
Psychology today. May 1989. v. 23 p. 54

2
Investing in employee health: a guide to effective health promotion in the workplace.
Frumkin, Howard.
New England journal of medicine. Jan. 26,1989. v. 320 p. 261(2).

3
Successful also means healthier: managing in the '90s: motivating your best.
Braham, James.
Industry week. April 18, 1988. v. 236 p. 55(1).

4
Healthy living by the numbers: a computer can print out your risks - but should you believe what you read?
Findlay, Steven.
U.S. news & world report. April 11, 1988. v. 104 p. 64(1).

5
Wellness programs: not a cure-all.
Welter, Therese R.
Industry week. Feb 15, 1988. v. 236 p. 42(4).

6
Executive sweat: the trend toward wellness replaces heavy exercise in the executive suite.
Freeman, Patricia
Savvy. April 1988. v. 9 p. 30(2).

7
Linking employee fitness programs to lower medical costs and absenteeism.
Monthly labor review. Nov 1987. v. 110 p. 27(2).

8
The bottom line on fitness.
Gambaccini, Peter.
Runner's world. July 1987. v. 22 p. 66(6).

9
Employee health can spell profits.
USA today. April 1987. v. 115 p. 2(2).

10
Wellness - fit to be tried: a healthy mind and body can go a long way towards making a productive employee.
Betts, Kellyn S.
Modern office technology. Sept 1986. v. 31 p. 46(5).

11
Does physically fit mean fiscally fit?
Greene, Richard.
Forbes. Sept 22, 1986. v. 138 p. 189(3).

12
Working out in the workplace: in quest of better corporate health, companies are helping their employees to quit smoking, lose weight, and get back into shape.
Fenn, Donna.
Saturday evening post. Sept 1986. v. 258 p. 68(3).

13
Corporate fitness programs pay off: boosting profits because of healthy employees.
Simonsom, Brenda W.
Vital speeches. July 1, 1986. v. 52 p. 567(3).

14
Cafeteria has nutrition 'heart at work.'
Prevention. March 1986. v. 38 p. 10(1).

15
Keeping fit: while most businesses are trying to control health insurance costs, some companies are spending more on employee health programs than ever before.
Fenn, Donna.
Inc. Feb 1986. v. 8 p. 101(2).

16
Executive fitness - exploring the new corporate lifestyle: more companies are developing healthier outlooks thanks to the growing trend to personal fitness.
Dun's business month. Dec 1985. v. 126 p. 64(6).

17
Giving goodies to the good: companies are pushing, and paying, workers to shape up.
Toufexis, Anastasia.
Time. Nov 18, 1985. v. 126 p. 98(1).

18
Increasing the wellness effort.
Kilpatrick, Robert D.
Industry week. Feb 4, 1985. v. 224 p. 14(1).

19
Fitness, corporate style: companies are racing to invest in employee 'wellness.'
Gelman, David.
Newsweek. Nov 5, 1984. v. 104 p. 96(2).

20
Sweat for success.
Bekey, Michelle.
Working woman. Sept 1984. v. 9 p. 187(5).

21
Wellness at the worksite - an idea whose time has come.
Aging. Aug/Sept 1984. p. 41(1).

22
Today's hottest perk: fitness in the workplace.
Briley, Michael.
Dynamic years. Jan/Feb 1984. v. 19 p. 12(5).

23
Big bucks in the wellness biz.
Celarier, Michelle.
Ms. May 1983. v. 11 p. 127(2).

24
Wellness in the work place.
Bechtel, Stefan.
Prevention. Oct 1982. v. 34 p. 54(8).

25
Value of employee health programs questioned.
USA today. April 1981. v. 109 p. 15(1).

SELECTED PUBLICATIONS FROM THE AGRICOLA DATABASE (FNIC SUBFILE)
NATIONAL AGRICULTURAL LIBRARY (1979 - 1989)

WORKSITE HEALTH PROMOTION : **PROGRAM DEVELOPMENT**

1
WBGH worksite wellness series.
Eriksen, Michael P.; Rosen, Robert.; Yenney, Sharon.; Kaiser, Jerry.; Glanz, Karen.; Knadler, Gary F.; Walsh, Diana Chapman.; McKirgan, Irene.; Behrens, Ruth A.; Sleet, David A.; Jaffe, Dennis T.; Yenney, Sharon L.; Behrens, Ruth A.; Levin, Robert C.; Washington Business Group on Health.
14 v.; 28 cm.
Washington, D.C.: Washington Business Group on Health, 1985-1987.
DNAL CALL NO: RA427.8.W3

Abstract: Various topics related to health promotion and disease prevention at the worksite are examined in this Worksite Wellness Series prepared by the Washington Business Group on Health. Health promotion programs that are examined include stress management, physical fitness, prenatal health, cancer prevention, nutrition, alcohol and drug abuse prevention, and safety belt programs. Each report in the series examines current issues related to each type of worksite program and describes features of various sample programs. A comprehensive list of references is provided in each report.

2
Promoting employee health: a guide for worksite wellness.
Anderson, Rebecca Cogwell.
73 p.: ill., forms; 23 cm.
Des Plaines, Ill.: American Society of Safety Engineers, c1986.
DNAL CALL NO: RC968.A529

Abstract: This manual from the American Society of Safety Engineers provides information and suggestions for planning and implementation of a worksite wellness/health promotion program. Discussions include program organization and activities, health screening programs, personal assessment, and recommendations for successful programs. Available resources to assist in the development of wellness programs are listed.

3
Organizational resources for worksite health promotion: a selective national directory.
Chen, M.S. Jr.; Cabot, E.L.
Health values. Jan/Feb 1988. v. 12 (1) p. 36-39.
Thorofare: Charles B. Slack, Inc.
DNAL CALL NO: RA421.H42

Abstract: A selective national directory of organizational resources for worksite health promotion program development identifies 19 such organizations (2 federal, 9 non-profit and voluntary health, and 8 profit organizations) that offer assistance for employers and health professionals that desire to initiate such programs. The organizations are grouped among 4 categories, viz.: publications; consultation services; programmatic services; and audiovisual aids. It is suggested that these resources provide adequate information for initiating meaningful worksite health promotion programs.

4
Wellness in the workplace: beyond the point of no return.
Chen, M.S. Jr.
Health values. Jan/Feb 1988. v. 12 (1) p. 16-22.
Thorofare: Charles B. Slack, Inc.
DNAL CALL NO: RA421.H42

Abstract: A technical overview addresses the historical development and establishment of workplace wellness programs since 1982, noting their advancement to a state of general use and as a stated employment benefit. Seven types of evidence are described, confirming the general establishment of such programs, and various studies are discussed to illustrate their contribution to employee health promotion. The economic benefits derived from these programs also are discussed.

5
Professional training for corporate wellness personnel: survey results from practicing professionals.
Gorman, D.; Brown, B.S.; Di Brezzo, R.
Health education. Oct/Nov 1986. v. 17 (5) p. 71-74. charts, forms.
Reston, Va.: American Alliance for Health, Physical Education and Dance.
DNAL CALL NO: LB3401.A57

Abstract: A mailed 52-item questionnaire survey of 248 corporate wellness professionals throughout the US attempted to identify the requisite components of a strong corporate wellness training program and to establish a basis from which valid curricular decisions concerning program design could be

made. The ratings of the survey items are statistically summarized and discussed.

6
It's your business: a guide to heart and lung health at the workplace.
LaRosa, Judith H.; Haines, Carol M.
59 p.: ill.; 28 cm.
Bethesda, Md.: U.S. Dept. of Health and Human Services, Public Health Service, National Institutes of Health, [1986]
DNAL CALL NO: RC669.L35

Abstract: An authoritative technical guide for occupational health care professionals interested in employee health promotion and disease prevention provides basic background and programmatic information for reducing and controlling risks factors for cardiovascular disease (CVD) and chronic obstructive pulmonary disease among workers. The programs referred to in this guide are included as illustrative examples of some of the types of programs currently underway. The text material is organized into 3 sections--The first section addresses specific risk factors for cardiovascular and pulmonary disease, including: high blood pressure; elevated blood cholesterol; cigarette smoking; other modifiable (overweight; stress; physical inactivity; diabetes) and unmodifiable CVD risk factors; and workplace intervention of multiple risk factors. The second section discusses the design, implementation, and evaluation features of a workplace health promotion, disease prevention program, including methods for its assessment, its overall objectives, its construct and publicity, and evaluation of its effectiveness. An economic analysis also is included. The final section provides guidelines for locating information on CVD and pulmonary risk factor reduction programs and organizational listings. Tabular data and illustrations are included.

7
Staying well: an exercise in good health.
Ganse, R.D.
School foodservice journal. Feb 1987. v. 41 (2) p. 60-61.
Denver, Colo.: American School Food Service Association.
DNAL CALL NO: 389.8 SCH6

Abstract: The concept of wellness has had a major impact on how Americans have defined good health since the mid-1970's. Wellness emphasizes disease prevention rather than treatment, stressing good nutrition, exercise, and lifestyle habits. A good diet is defined as one that provides all the necessary vitamins, minerals, fiber, and carbohydrates while controlling calories and fats. Regular exercise contributes to a healthy

cardiovascular system, and small changes in daily activities can result in significant calorie expenditures over the course of a lifetime. Stress can lead t overeating as well as a number of other problem behaviors. Drinking and smoking are two other common behaviors that are detrimental to health and wellness. As the wellness concept becomes more popular and employers discover the benefits of promoting good health, the number of worksite wellness programs can be expected to increase in all types of business settings.(aje)

8
Southeast works for wellness.
Rogers, C.; Taylor, K.
School foodservice journal. Nov 1986. v. 40 (9) p. 48-49. ill.
Denver, Colo.: American School Food Service Association.
DNAL CALL NO: 389.8 SCH6

Abstract: In keeping with a national trend toward wellness, the Southeast Region Food and Nutrition Service sponsored a health seminar to focus on the role of nutrition in wellness and to promote the networking of this information. Special needs of mothers, infants, children, youth, elderly, and the worksite were topics addressed by recognized authorities in the field. In addition to this Atlanta conference, a similar seminar was held in Tennessee; it focused on nutrition education with a spotlight on school health. It is concluded that the quality of life for both school workers and students will improve as the nutrition messages of these conferences are spread.(jd-b)

9
Worksite nutrition: a decision-maker's guide.
The American Dietetic Association, Society for Nutrition Education, and Office of Disease Prevention and Health Promotion, Public Health Service, U.S. Department of Health and Human Services.
Glanz, Karen.; Orr, Rickie.
iii, 57 p.; 23 cm.
Chicago, IL: American Dietetic Association, 1986.
DNAL CALL NO: TX361.W6W6

Abstract: Preserving and improving employee health is sound business strategy; improving employees' nutrition habits can contribute significantly to promoting individual health and well-being. In business, this can mean decreased absenteeism and increased productivity--both factors affecting the business' bottom line. Worksite nutrition programs, an exanding phenomenon, are generally offered for these reasons: improved employee health, improved employee morale, and increased productivity. The objective of this guide is to assist the decision makers in business and industry in understanding how

diet and nutrition affect both employees and companies. Weight control, cardiovascular risk reduction, cafeteria programs, employee involvement, and incentive programs are some of the subjects addressed in the broader topics of strategic planning, implementation, and examples of successful programs. References and suggested readings are included.

10
The history and future of wellness.
Ardell, D.B.
Health values. Nov/Dec 1985. v. 9 (6) p. 37-56.
Thorofare: Charles B. Slack, Inc.
DNAL CALL NO: RA421.H42

Abstract: The popularity of "wellness" programs and books is presently very high and growing. It is a movement that can be exponentially measured. Aided by Kaiser Permanente Health Care Programs, Oregon Region, a telephone/questionnaire survey was administered in 1983 to a cross section of 100 people, all considered to be "expert" in the field. Analysis of the data reveals that wellness as a concept involving stress management, nutrition, physical exercise, environmental sensitivity, and self-responsibility is growing in demand by hospitals and corporations, and is needed in other institutions such as schools. The historical shaping of the Wellness Movement is discussed in some length, including persons who prominently have figured in various aspects. In discussing the future of the movement, challenges occur in making information available to less advantaged groups. Reaching the young should also be a priority. The conclusion points to a statement that the greatest potential of the movement to the nation lies ahead.(jd-b)

11
Nutrition for pregnant and lactating women: implications for worksite health promotion.
Barber-Madden, R.; Cowell, C.; Petschek, M.A.; Glanz, K.
Journal of nutrition education. Apr 1986. v. 18 (2,suppl.) p. S72-S75.
Oakland, Calif.: Society for Nutrition Education.
DNAL CALL NO: FNC CALL NO: TX341.J6

Abstract: Many of today's working women are of childbearing age. Because these women often choose to continue working during and after pregnancy, special interest nutrition education and worksite health promotion may be beneficial to this group of employees. The development of worksite maternal nutrition education programs may be a wise addition to an organization's nutrition education program. Special program topics may include: breastfeeding promotion for working women;

worksite prenatal education programs; and nutritional considerations in pregnancy and lactation.(lsp)

12
National cholesterol education program: implications for the workplace.
LaRosa, J.H.; Goor, R.; Haines, C.M.
Journal of nutrition education. Apr 1986. v. 18 (2,suppl.) p. S50-S53. charts.
Oakland, Calif.: Society for Nutrition Education.
DNAL CALL NO: FNC CALL NO: TX341.J6

Abstract: Because 28 million American workers are at an increased risk for cardiovascular disease, corporations should implement health programs designed to screen and inform employees on therapeutic and preventive measures to establish normal blood cholesterol levels. Although methodologies for reducing blood cholesterol levels among workers will take some time to develop, several large companies are already involved in such efforts. Organizations such as the American Heart Association and the American Red Cross are actively involved in encouraging the implementation of nutrition and disease prevention programs in the workplace.(lsp)

13
Needs assessment for worksite nutrition programs.
Kris-Etherton, P.M.; Engelland, M.
Journal of nutrition education. Apr 1986. v. 18 (2,suppl.) p. S34-S36. charts.
Oakland, Calif.: Society for Nutrition Education.
DNAL CALL NO: FNC CALL NO: TX341.J6

Abstract: Assessment of employee needs is an essential fundamental step before development of an on-site company nutrition education program. The comprehensiveness of the company needs assessment depends on company interest and resources. Assessment may include employee information on: anthropometric measurements; biochemical, clinical, and dietary assessments; and psychosocial information. Diet and medical histories may also be beneficial. Because organizations vary in size and in their types of employees, each company must decide on a nutrition program which best fits the needs determined during their particular assessment.(lsp)

14
Using focus groups to plan worksite nutrition programs.
Mullis, R.M.; Lansing, D.
Journal of nutrition education. Apr 1986. v. 18 (2,suppl.)
p. S32-S34.
Oakland, Calif.: Society for Nutrition Education.
DNAL CALL NO: FNC CALL NO: TX341.J6

Abstract: Six focus groups of four to six individuals were assigned to present information regarding the development of on-the-job nutrition programs to employees at different worksites within an organization. The effectiveness of such focus groups in stimulating employee interest was assessed by this study. By speaking to individual employees within the company, the focus group was successful in determining individual needs. Using a focus group allows a company to tailor its nutrition program to the needs and health interests of its employees and is a recommended preliminary measure to nutrition program implementation.(1sp)

15
Factors related to implementation of worksite nutrition programs.
Forke, D.; Hunt, S.J.P.
Journal of nutrition education. Apr 1986. v. 18 (2,suppl.)
p. S29-S31.
Oakland, Calif.: Society for Nutrition Education.
DNAL CALL NO: FNC CALL NO: TX341.J6

Abstract: Managers of 12 companies with on-site nutrition programs and 13 companies without these programs were interviewed to determine the factors related to program development. Results indicated that companies with nutrition programs were more health conscious and offered more health promotional benefits to their employees. These companies felt that employee morale improved and health costs decreased when nutrition programs were implemented. Reasons most commonly given by companies not undertaking health promotion programs were lack of funds, and/or personnel resources, and management disinterest or ignorance of such programs.(1sp)

16
A guide for nutrition educators at the worksite.
Alford, M.M.
Journal of nutrition education. Apr 1986. v. 18 (2,suppl.)
p. S19-S21.
Oakland, Calif.: Society for Nutrition Education.
DNAL CALL NO: FNC CALL NO: TX341.J6

Abstract: For companies interested in developing nutrition

programs for their employees, a variety of steps should be followed in order to ensure the success of the program. The company should contact other organizations with existing nutrition programs. It should develop a reputation within the community as a reliable nutrition information source; printing professional-looking promotional materials can enhance the reputation. Program planning requires appropriate needs assessment and internal marketing techniques. Programs should be developed which best meet the needs of most of the employees. Because today's public is well informed, the organization must take into consideration an employee's existing knowledge and health improvement interests.(lsp)

17
The business of providing worksite nutrition programs.
Joseph, H.M.; Angelis, J.; Kapitan, R.
Journal of nutrition education. Apr 1986. v. 18 (2,suppl.)
p. S16-S18.
Oakland, Calif.: Society for Nutrition Education.
DNAL CALL NO: FNC CALL NO: TX341.J6

Abstract: The development of worksite nutrition programs can be complicated and expensive. For companies interested in developing such programs, careful planning is required to ensure employee participation and program success. Interested companies need business sophistication and good marketing techniques as well as skilled sales personnel and attractive promotional materials. In addition, it is essential that the organization offers a program which is nutritionally sound and follows nationally developed health and nutrition guidelines. Finally, the program must follow the needs and criteria of the organization's health promotion/disease prevention standards.(lsp)

18
Nutrition at the worksite: an overview.
Glanz, K.; Seewald-Klein, T.
Journal of nutrition education. Apr 1986. v. 18 (2,suppl.)
p. S1-S12. charts.
Oakland, Calif.: Society for Nutrition Education.
DNAL CALL NO: FNC CALL NO: TX341.J6

Abstract: Worksite nutrition programs may be very effective in improving the dietary habits and health status of employees. As a result, these programs have become increasingly popular over the past few years. Usually, the programs consist of weight- and/or cholesterol-reduction education and basic nutrition information. Programs are most effective and most popular in organizations with on-site eating facilities. Social support and reinforcement, as well as company monitoring and follow-up,

are essential factors in a program's success.(lsp)

19
Are dietitians ready for the wellness movement?
Douglas, P.D.
Journal of the American Dietetic Association. Jan 1986.
v. 86 (1) p. 92-93.
Chicago, Ill.: The Association.
DNAL CALL NO: FNC CALL NO: 389.8 AM34

Abstract: A brief overview highlights the importance of the involvement of dietitians in the US "wellness" movement and emphasizes that dietitians possess the relevant educational training and other critical skills that are suited to the wellness movement. The new roles and responsibilities of the dietitian in this movement and the implications of the future for dietitians accepting such roles and responsibilities are described. The need for greater involvement of dietitians in sports nutrition counseling also is cited.(wz)

20
Health promotion in the workplace.
Edited by Michael P.O'Donnell (and) Thomas H. Ainsworth.
xiv, 773 p.: ill.; 24 cm.
New York: J. Wiley, c1984.
DNAL CALL NO: FNC CALL NO: HD7654.H4 F&N B-4298

Abstract: A reference text for corporate managers, health care professionals, and educators discusses the past, present, and future status of workplace health promotion. Authoritative papers covering 20 different aspects of this topic include the role of the insurance industry and educational institutions, reviews of relevant research to date, and lists of existing corporate health programs, vendors, information sources, and publications. Information on facility layouts, testing and exercise equipment, management control tools, and statistical charts and graphs is included for actual program planning. The papers are organized into 6 principal areas, including basic concepts and perspectives; health promotion program design; developing the program content; program administration; the role and impact of the insurance and health care industries and the various levels of government; and future perspectives, needs, and challenges. (wz)

21
Worksite health promotion some questions and answers to help you get started.
Behrens, Ruth.
21 p.; 28 cm.
Washington, D.C.: Office of Disease Prevention and Health Promotion, Public health Service, Department of Health and Human Services, 1983.
DNAL CALL NO: FNC CALL NO: RC964.B43 F&N E-4471

Abstract: Answers to 14 of the most frequently asked questions concerning worksite health promotion programs are presented to assist companies make proper decisions concerning initiation and implementation of health promotion programs. Topics include the benefits of health promotion worksite programs; a list of 36 businesses using them; important health promotion activities; cost-effective concepts; use of community resources; other factors needed for creating a "healthy corporation"; key resources on disease prevention; and the effectiveness of various health promotion programs. The guidelines presented in these topic areas should aid companies in the development of health programs aimed at reducing health care costs, enhancing the quality of work life, increasing employee morale, and improving productivity. Such programs are based on the premise that they will result in a general improvement in employee health status leading to less frequent and and shorter periods of employee absenteeism. (wz)

22
Employee health promotion a guide for starting programs at the workplace.
55, 23 p.; 28 cm.
Seattle, Wash.: HealthWorks Northwest, Puget Sound Health Systems Agency, 1983.
DNAL CALL NO: FNC CALL NO: RC964.E48 F&N E-4465

Abstract: Step-by-step guidelines are provided for employers who wish to establish health promotion programs for their employees. The guidelines are focused on the objective of improving employee health and well-being through health education, occupational health and safety, and other factors. The 5 sections of this guide cover: establishment of a health promotion team; assessing health-related costs and determining the employee's health and interests; requisite factors and steps for designing and initiating the program; and assessing the results of the program. A summary checklist, and variety of worksheets, a brief bibliography for recommended reading, and sample educational charts, are appended. (wz)

23
Hospitals test the wellness market.
Schechter, Mitchell.
Food management. July 1984. v. 19 (7) p. 64-106 (not consecutive). ill.
New York: Harcourt, Brace, Jovanovich.
DNAL CALL NO: FNC CALL NO: TX341.F69

Abstract: The modern concern for establishing and maintaining healthy lifestyles has encouraged many hospitals to offer a variety of fitness and diet programs for hospital staffers and community residents. This development puts the hospital in competition with private, commercial health and sports clubs. Whether hospitals will establish themselves as leaders depends partially on funding. Both start-up and maintenance costs are considerable. Another factor is the attitude of the hospital administrator toward wellness programs and his ability to develop and promote the types of service the community will support. The general public must be convinced that its future well-being will be determined (at least in part) by the food choices they make and the behavioral habits they maintain. The hospital's needs for enhanced revenue and public support are among the catalysts for the wellness movement. Descriptions of 7 programs offering a variety of approaches illustrate how divergent these programs can be. Charges for some of the programs are included. (emc)

24
The Wellness lifestyle.
1 film reel (29 min.): sd., col.; 16 mm.
New York: ABC Wide World of Learning, 1982.
Local Call No: RA776.W38 F&N AV

Abstract: "Wellness", an approach to living based on exploiting the link between body and mind is explained. Wellness encourages fulfilling one's potential through a 5 point program that incorporates nutritional awareness, fitness, stress management, environmental sensitivity, and self-responsibility. Using different age groups, the film describes the 4 stages in planning a wellness system: 1) presentation of the overall concept; 2) creation of a personal wellness plan; 3) the development of a support group; and 4) monitoring and evaluation. A leader's guide is included. (kbc)

25
Worksite health promotion: a bibliography of selected books and resources.
i, 24 p.; 28 cm.
Washington, D.C.: Office of Disease Prevention and Health Promotion, Public Health Service, Dept. of Health and Human Services, 1983.
Local Call No: Z7914.W84W67 1983 F&N; E-4396

Abstract: An annotated listing of selected resources was developed to aid individuals in the planning and implementation of health promotion programs in the workplace. Citations for total of 51 publications are organized under 4 sections: general and specific worksite health promotion publications, employee health newsletters, and general health promotion publications. Information provided with each citation includes a brief abstract, the publisher's address and the cost. A listing of organizational resources for additional publications and information is included. (wz)

26
Preparing health educators for the workplace: a university-health insurance company alliance.
Chen, Moon S. Jr.; Jones, Robert M.
Health values: Achieving high level wellness. Nov/Dec 1982. v. 6 (6) p. 9-12. charts.
Thorofare: Charles B. Slack, Inc.
NAL: RA421.H42

Abstract: A course taught by a health education faculty member and a health insurance program manager/health educator exposed students to both academic and practical perspectives needed to conduct health education programs in the workplace. The workplace is one of the fastest growing markets for health education. Philosophical and economic reasons are cited for this movement. Health educators must be prepared to deal with the challenges and opportunities to improve morale, increase productivity, reduce health care costs, and promote a healthier work force. (kbc)

27
Health action in the workplace: complex issues--no simple answers.
Merwin, Donald J.; Northrop, Barbara A.
Health education quarterly. Fall 1982. v. 9 (Special suppl.) p. 73-82.
New York: Human Sciences Press.
Local Call No: PA440.A1H5 F&N

Abstract: Employers who engage in health education and

promotion in the workplace expect: accountability in quarterly and annual reports; insignificant costs or risks; and no major policy, priority, or practice changes. In general businesses don't want to be burdened with the difficulties and complexities involved with program development and implementation. However, those who implement such programs must understand that no sweeping results can be promised from any single standardized program. Business must allow time for results to surface before attempting change or develop new approaches. (kbc)

28
The economics of health promotion at the worksite.
Kristein, Marvin M.
Health education quarterly. Fall 1982. v. 9 (Special suppl.) p. 27-36.
New York: Human Sciences Press.
Local Call No: RA440.A1H5 F&N

Abstract: Work site health promotion is in the formative stage in terms of product development. Whether or not it will be proven cost effective remains to be seen, therefore, both public and private sectors are hesitant to fund long range studies. Yet, there is evidence that intervention programs can reduce health risks and improve lifestyles (e.g., smoking cessation). Insurance costs can be higher for employers because of the excess illnesses suffered by smokers; absenteeism runs 33-45% higher for smokers as opposed to non-smokers, and lowered productivity through time lost to the actual smoking ritual and the clean-up and physical damage done by smokers takes its toll and has been estimated to cost the employer $166/year. Furthermore, there are negative effects on non-smokers. Similar data has been collected for hypertension control programs. A healthier society and company can be mutually beneficial. (kbc)

29
Health promotion in the workplace: an overview.
Novelli, William D.; Ziska, Deborah.
Health education quarterly. Fall 1982. v. 9 (Special suppl.) p. 20-26.
New York: Human Sciences Press.
Local Call No: RA440.A1H5 F&N

Abstract: Disease prevention is the theme of health promotion programs and today's workplaces are the most promising environments to encourage positive health behavior changes. A natural outgrowth of occupational health and safety programs, they are a recent social phenomenon. Most viable programs fall into 1 of 4 categories: a 1-shot activity; a fitness first or

intervention type of program (e.g., exercise or smoking cessation); a mixed bag with no direct goals; and a comprehensive approach which is a well-planned, long-range program. Whichever method is selected, the returns on the investment can be substantial and effect the businesses' costs by reducing absenteeism, illness, and premature death. (kbc)

30
The wellness revolution.
Van Patten, Dick.; Decker, Bert.; Crommie, Karen.; Crommie, David.
1 film reel (26 min., 25 sec.): sd., col.; 16 cm.
San Francisco, Calif.: Sunset Films for John Hancock Mutual Life Insurance Company, 1979.
Local Call No: RA440.55.W43 F&N AV

Abstract: Ways are explored for the young, the working, and the retired to maintain wellness and physical fitness within the theme that we are responsible for our own health. Exercise, moderate eating, and not smoking will benefit the physical health of most individuals. A total change in attitude is necessary if the relationship between health care and health costs is to be minimized. (kbc)

31
Wellness at work: Not just a passing fancy.
Cunningham, Robert M. Jr.
Hospitals. June 1982. v. 56 (11) p. 82-84, 86.
Chicago: American Hospital Association.
Local Call No: RA900.H6

Abstract: Business and industry are making health promotion and fitness programs available to their employees. Short-term results have reduced absenteeism, increased productivity and improved employee morale. Other savings are not expected to show for several years because the life-style changes are directed at long term conditions (high blood pressure, heart disease, and stress). Hospital executives view wellness services as an extension of health services and as a means of adding revenue. (rm)

SELECTED PUBLICATIONS FROM THE AGRICOLA DATABASE (FNIC SUBFILE)
NATIONAL AGRICULTURAL LIBRARY (1979 - 1989)

WORKSITE HEALTH PROMOTION: **PROGRAM EVALUATION**

1
University wellness program: the effectiveness of students as nutrition counselors.
Friebel, D.M.; Sucher, K.; Lu, N.C.
Journal of the American Dietetic Association. May 1988.
v. 88 (5) p. 595-598. charts.
Chicago, Ill.: The Association.
DNAL CALL NO: FNC CALL NO: 389.8 AM34

Extract: The Whole Body Health Program at San Jose State University was designed for employees who were interested in improving their general nutritional intake and fitness. This university wellness program furnishes students in nutrition and other health-related fields with valuable training and experience while also providing university employees with a work-site wellness program. As part of the wellness program and under faculty supervision, nutrition students conduct the Dietary Assessment Program by interviewing, assessing, and counseling clients. To determine whether the program was effective in improving participants' dietary habits, 16 previous participants were contacted by telephone. Fourteen agreed to be reinterviewed, and new dietary data were collected. Both the original (pre-program) and current (post-program) 24-hour recalls were evaluated according to the Recommended Dietary Allowances (RDAs), polyunsaturated to saturated (P:S) fat ratio, and percent of energy from fat and from carbohydrate. Reported mean consumption of cholesterol decreased from pre- to post-program for all subjects (pre=383 mg, post=242 mg; p less than or equal to .05). Those originally consuming more than 300 mg achieved a greater decrease in reported cholesterol consumption (pre=487 mg, post=234 mg; p less than or equal to .01). An incr ease in reported consumption was seen for the following: (a) mean calcium for women (pre=402 mg, post=667 mg; p less than or equal to .05); (b) mean ascorbic acid for those who originally reported consumption below 85% of the RDA (pre=23 mg; p less than or equal to .05); (c) P:S ratio for all subjects (pre=0.41, post=0.64; p less than or equal to .05). The Dietary Assessment Program and the nutrition students were found to be effective in a university wellness program.(author)

2
Employees thrive on wellness program.
Ganse, R.D.
School foodservice journal. May 1988. v. 42 (5) p. 38-39. ill.
Denver, Colo.: American School Food Service Association.
DNAL CALL NO: 389.8 SCH6

Abstract: Portland Public Schools Nutrition Services' employees are reaping the benefits of a wellness program started about 5 years ago. The program consists of smoking cessation, diet, exercise, and stress management. The department fund a portion of the program, with employees contributing the rest. An incentives program called "The Fitness Game" encourages employees to exercise by translating accumulated point values into miles and eventually awards. The number and types of wellness classes offered by the program have grown since its beginning. Newsletters keep employees informed about nutrition and wellness developments in the department. Data for the previous year indicate that the department's expenditures of $36,200 saved $85,160 in sick time benefits and workers' compensation claims.

3
A multi-component intervention for modifying food selections in a worksite cafeteria.
Mayer, J.A.; Brown, T.P.; Heins, J.M.; Bishop, D.B.
Journal of nutrition education. Dec 1987. v. 19 (6) p. 277-280. ill.
Philadelphia, Pa.: George F. Stickley Company.
DNAL CALL NO: FNC CALL NO: TX341.J6

Abstract: A study conducted in the main cafeteria of a Fortune 500 company (employees: 265; mean age: 46; ca. 67% women; both white-collar and blue-collar workers) combined 3 strategies for modifying food choices of this worksite study population. The 3 strategies included the use of food labels, a nutrition awareness game, and incentive raffles. The latter, but not the 2 former strategies, was found to increase purchases of targeted food selections. The survey data and the implications of the survey findings are presented and discussed.

4
Employee health promotion: organizational correlates and community resources.
Fellows, J.; Gottlieb, N.H.; McAlister, A.L.
Health values. Jan/Feb 1988. v. 12 (1) p. 5-15. charts.
Thorofare: Charles B. Slack, Inc.
DNAL CALL NO: RA421.H42

Abstract: Data developed in a random sample survey conducted to

assess the level of employee health promotion activities in Texas are presented and discussed. Factors (including program costs) influencing the adoption of such activities are considered. An evaluation of health promotion activities that employers currently have and are interested in having is included.

5
Finding our vital selves.
Stephenson, S.; Boss, D.; Schechter, M.
Food management. April 1986. v. 21 (4) p. 82-148 (not consecutive). ill.
New York: Harcourt Brace Jovanovich Publishers.
DNAL CALL NO: FNC CALL NO: TX341.F69

Abstract: A comprehensive report provides specific real-life examples of how americans are breaking unhealthy habits and changing to more healthful lifestyle and food habits, and discusses the characteristics and growth of institutional and corporate wellness programs to promote wellness among employees. The rationale and scientific basis for these changes are illustrated and discussed. The nature and success of a variety of wellness programs currently in practice are detailed.(wz)

6
Leader-led and self-instruction worksite programs.
Nowlin, B.J.; Shortridge, R.
Journal of nutrition education. Dec 1986. v. 18 (6) p. 264D. ill.
Philadelphia, Pa.: George F. Stickley Company.
DNAL CALL NO: FNC CALL NO: TX341.J6

Abstract: With employee medical benefits costs on the rise, more employers are motivated to promote good health--particularly through nutrition at the worksite. To aid in this process, the Dairy Council of California developed group instruction and self-instruction programs. Two key nutrition areas were addressed: achieving nutritional adequacy; and alleviating nutrition-related health concerns such as obesity, cancer, heart disease, and osteoporosis. Methods used, employee participation procedures, and specifics of personalized plans are discussed. An 88% success rate was achieved for those completing the program.(jd-b)

7
Oregon conference promotes a decade of wellness.
Raker, M.
School foodservice journal. Dec 1986. v. 40 (10) p. 70-76.
ill., forms.
Denver, Colo.: American School Food Service Association.
DNAL CALL NO: 389.8 SCH6

Abstract: A week of health promotion on the Oregon coast brought together teachers, principals, food service workers, counselors and nurses from many Oregon schools. Objectives of the conference were to involve participants in increased nutrition awareness, particularly through school meals. Specific goals to be achieved by 1990 were outlined in terms of risk factor reductions, increase in public professional awareness of dietary factors, and improvement in nutrition education programs. The National Education and Training program has provided much of the funding for the annual conference. How the conference was structured as well as results of follow-up surveys of individual school programs are discussed.(jd-b)

8
Evaluating wellness programs.
Higgins, C.W.
Health values. Nov/Dec 1986. v. 10 (6) p. 44-51. charts.
Thorofare: Charles B. Slack, Inc.
DNAL CALL NO: RA421.H42

Abstract: Wellness programs vary, and periodic evaluations are essential in order to determine the cost effectiveness of the program and to ensure that available resources are used effectively. There are four basic levels of program evaluations: preliminary, process, impact, and outcome. The preliminary evaluation is designed to assist in program development. The process evaluation monitors the quality of the program once it has been implemented. The impact evaluation measures behavioral changes and reductions in health risks among the participants. The outcome evaluation measures changes in health status and health-related costs and seeks to demonstrate an association between these changes and program activities.(lsp)

9
The effects of health information in a worksite hypertension screening program.
Zimmerman, R.S.; Safer, M.A.; Leventhal, H.; Baumann, L.J.
Health education quarterly. Fall 1986. v. 13 (3) p. 261-280.
charts.
New York: John Wiley & Sons.
DNAL CALL NO: RA440.A1H5

Abstract: Three messages presented at worksite blood pressure screenings were designed to: (1) motivate hypertensives to enter or return to treatment, (2) motivate normotensives to improve health habits and (3) discourage inappropriate use of blood pressure screening by normotensives. Two studies assessed the impact of these messages. To determine whether these standard programs could attain better health results during follow-up screenings, 473 normotensive and hypertensive individuals were shown slide/tape shows on health promotion and/or blood pressure in both of the studies. Follow-up screening reports showed that the experimental program shows improved screening results more effectively than the standard program.(lsp)

10
Triggering interest in worksite nutrition education.
Lillios, I.T.; Cantlon, A.T.
Journal of nutrition education. Apr 1986. v. 18 (2,suppl.) p. S69-S70. charts.
Oakland, Calif.: Society for Nutrition Education.
DNAL CALL NO: FNC CALL NO: TX341.J6

Abstract: A nutrition education program entitled "Reach Out For Health" was developed by the Southern New England Telephone Company. The program was designed to teach general nutrition to its 14,000 employees. To improve employee participation, the company developed "trigger sessions" which were designed to enhance awareness of specific controversial nutrition issues, teach particular skills that participants could try out, and increase readiness to join a more in-depth nutrition program. This "Soft-sell" approach is expected to improve employee awareness and participation in worksite nutrition programs.(lsp)

11
Point-of-choice nutritional labeling: evaluation in a worksite cafeteria.
Schmitz, M.F.; Fielding, J.E.
Journal of nutrition education. Apr 1986. v. 18 (2,suppl.) p. S65-S68. ill., charts.
Oakland, Calif.: Society for Nutrition Education.
DNAL CALL NO: FNC CALL NO: TX341.J6

Abstract: This study was conducted in southern California, at the Mattel Toys headquarters. Comparison cards were developed for food choices in the cafeteria which listed the number of calories, grams of fat, and grams of odium per serving of each food item. Following the food labeling, there were statistically significant reductions in the amount of calories

and sodium per employee tray. Fat reduction per tray was almost significant. Providing nutrition information at the point of food selection in worksite cafeterias offers an excellent means of nutrition education and dietary selection improvements.(lsp)

12
Strategies for cholesterol lowering at the worksite.
Peterson, G.S.; Lefebvre, R.C.; Ferreira, A.; Sennett, L.; Lazieh, M.; Carleton, R.A.
Journal of nutrition education. Apr 1986. v. 18 (2,suppl.) p. S54-S57. charts.
Oakland, Calif.: Society for Nutrition Education.
DNAL CALL NO: FNC CALL NO: TX341.J6

Abstract: This case study highlights how participants in a self-help program to lower blood cholesterol achieved an average cholesterol reduction of 26 mg/dl. The program was developed through the aid of the Pawtucket Heart Health Program (PHHP) which is a community-based health promotion project whose primary targets are high blood pressure, high blood cholesterol, smoking, and obesity. The participants in this study consisted of the employees of a community hospital. A cafeteria menu-labeling program, weight loss groups, and other educational activities provided employees with additional cholesterol-lowering information and general nutrition knowledge.(lsp)

13
Evaluation of worksite weight loss programs: a review of data and issues.
Foshee, V.; McLeroy, K.R.; Sumner, S.K.; Bibeau, D.L.
Journal of nutrition education. Apr 1986. v. 18 (2,suppl.) p. S38-S43. charts.
Oakland, Calif.: Society for Nutrition Education.
DNAL CALL NO: FNC CALL NO: TX341.J6

Abstract: Previous evaluations of nine on-the-job nutrition education programs were assessed in this article for weight management programs and issues which require assessment at subsequent program evaluations. Five of the evaluations reviewed behavior modification programs, three were hybrid programs, and one was a self-help program. Only summative information was collected by all of the evaluations reviewed in this article in order to determine the successfulness of worksite weight loss programs. Effectiveness of these programs over time has not yet been established and as a result, improved and expanded evaluations are required in the future.(lsp)

14
Cost-effectiveness and cost-benefit analysis of worksite nutrition programs.
Joseph, H.M.; Glanz, K.
Journal of nutrition education. Apr 1986. v. 18 (2,suppl.) p. S12-S16.
Oakland, Calif.: Society for Nutrition Education.
DNAL CALL NO: FNC CALL NO: TX341.J6

Abstract: Cost-effectiveness analysis (CEA) and cost-benefit analysis (CBA) can be effective means of determining the costs and positive aspects of worksite nutrition programs. Data collected in this study indicated that weight control programs offered at the worksite may be more cost-effective than similar programs offered at weight-control clinics or other commercial enterprises. The most promising long-term health benefits through nutrition intervention may be through programs which offer information regarding cholesterol and blood lipid reduction. Because worksite nutrition programs are at such an early stage of development, it is difficult to determine the long-term benefits which such programs may have on the health and nutritional status of participating employees.(lsp)

15
Nutrition education at the worksite.
Murphy, C.L.
Nutrition news. Dec 1983. v. 46 (4) p. 13-16. charts.
Chicago: National Dairy Council.
DNAL CALL NO: FNC CALL NO: 389.8 N957

Abstract: Ten corporations which have well-known employee fitness programs include nutrition as a component of their program are described. For example, Land O' Lakes has a computer program that evaluates a 3 day food record for nutrient and energy intake and energy output. More market research is needed to determine perceptions and preferences for such programs but the need exists. Employees are a company's most valuable asset and most companies realize they must help the employee understand health and nutrition guidelines. (kbc)

16
Wellness programs: how do they shape up?
Feuer, Dale.
Training. Apr 1985. v. 22 (4) p. 24-26, 28-34. ill.
Minneapolis: Lakewood Publications, Inc.
DNAL CALL NO: FNC CALL NO: HF1101.T7 F&N

Abstract: A general overview of the historical development and benefits of corporate fitness programs that include the broad realm of emotional and physical well-being is presented. A

brief description of such programs includes hypertension treatment, smoking cessation, weight control, physical fitness, and wellness incentives in well-known organizations. The difficulty of evaluating the effectiveness of such programs is discussed. (wz)

17
Intent to participate in worksite health promotion activities: a model of risk factors and psychosocial variables.
Davis, Keith E.; Jackson, Kirby L.; Kronenfeld, Jennie J.; Blair, Steven N.
Health education quarterly. 1984. v. 11 (4) p. 361-377. charts.
New York: Human Sciences Press.
DNAL CALL NO: FNC CALL NO: RA440.A1H5 F&N

Abstract: A model of risk factors and psychosocial variables designed to enhance the prediction of worksite health promotion program participation was assessed using a random sampling of about 13,000 South Carolina state employees. Satisfaction with current status and intent to change were examined for 6 health-related risk categories (alcohol intake, cigarette smoking, exercise, nutrition, body weight, and stress/tension). All risk factors except nutrition and cigarette smoking contributed to the prediction of dissatisfaction and intent to change. Only the psychosocial variable, personal efficacy, contributed to both dissatisfaction and intent to change. These and related findings of this survey and model assessment study are discussed. (wz)

18
The economics of wellness promotion: values versus economics.
Rentmeester, Kenneth L.
Health values: achieving high level wellness. Sep/Oct 1984. v. 8 (5) p. 6-9.
Thorofare: Charles B. Slack, Inc.
DNAL CALL NO: RA421.H42

Abstract: Proving the economic advantages of a wellness program is difficult. However, evidence of value at employers sites where cost effectiveness can be measured is increasing. Increasing economic support for a wellness program is dependent on more than proving the logic of costs vs. benefits; epidemiological evidence is essential for value changes or changes in the existing system. Most of the impetus and funding for wellness promotion has come from business.Government, by its nature, responds to crisis, and financially supports services that directly address problems. Government is not a leader; it is simply a responder. When value changes take place, and society demands wellness assistance, government leaders will respond to this type of pressure. For the

forseeable future, the greatest support for wellness programs is likely to continue to come from business. (emc)

19
Stevens Point packages wellness.
Stephenson, Susie.
Food management. July 1984. v. 19 (7) p. 68-116 (not consecutive). ill., charts.
New York: Harcourt, Brace, Jovanovich.
DNAL CALL NO: FNC CALL NO: TX341.F69

Abstract: In Stevens Point, Wisconsin, people of all ages are finding that living a "good, healthful life" can be rewarding and fun. Dr. William Hettler, director of the University of Wisconsin Stevens Point Health Services and Lifestyle Improvement Programs, is the driving force behind the programs sponsored by the local Area Wellness Commission, a community-based health promotion agency that is funded by the county United Way. Hettler uses unconventional tactics, and not everyone is pleased, but the successes far outweigh the failures. The college foodservices menus have been changed to include more nutritious choices, the sugar content of desserts has been lowered, nutrition education has been the basis for contests, a salad bar has been added, and several programs have been designed to interest students in the wellness concept and acceptance of responsibility for their own health. Some of the activities have been criticized as not being realistic. At the Sentry Insurance Company the program is a bit more relaxed than at the University. Nutrition information is provided in a newsletter and extensive physical fitness opportunities are offered. The Company feels that the cost is justified. Cost savings reported by other companies and the economic benefits of reducing health risk factors are presented. (emc)

20
Worksite health promotion in Colorado.
Davis, Mary F.; Rosenberg, Karen; Iverson, Donald C.; Vernon, Thomas M.; Bauer, Jeff.
Public health reports. Nov/Dec 1984. v. 99 (6) p. 538-543. ill., charts.
Washington, D.C.: Public Health Service.
DNAL CALL NO: 151.65 P96

Abstract: A survey was conducted to develop a profile of business and industry worksite health promotion and disease prevention (HPDP) programs in Colorado, and to identify obstacles and incentives to the further development of such HPDP programs. Most such programs were less than 5 years old. The major limitations to the development and management of HPDP programs are discussed. The survey results provide data on the

goals, activities, management practices, evaluation methods, and perceived outcomes of Colorado worksite HPDP programs. (wz)

21
Wellness in the workplace: a review of the literature.
Chen, Moon S. Jr.
Health values: achieving high level wellness. Sept/Oct 1982. v. 6 (5) p. 14-18. charts.
Thorofare:, Charles B. Slack, Inc.
NAL: RA421.H42

Abstract: A literature review examines 6 components of wellness and the reasons why employers are instituting wellness programs (WP) in the workplace. Employers are interested in WP for 2 reasons: profit and productivity. WP can increase safety, knowledge, and cooperation among employees and increase their health-consciousness. Topics include: fitness, hypertension control, cessation of smoking, stress management, nutrition education, and weight control. The rationale, lessons learned for successful programs, selected exemplary companies, and resources for instituting programs are analyzed for 6 programs. (kbc)

22
A wellness approach to health in the workplace.
Laughlin, Judith A.
Health values: achieving high level wellness. Mar/Apr 1982. v. 6 (2) p. 5-9.
Thorofare: Charles B. Slack, Inc.
NAL: RA421.H42

Abstract: The need for wellness programs in the workplace is outlined. General examples of successful programs are cited. Minimal costs are usually required to initiate programs which can effect major lifestyle changes for Americans. In order to change behavior, new ideas must be communicated and adopted. The workplace is an effective place to reach people and to cause behavior changes that can benefit both employee and employer. A case study of a health prevention program is included. (kbc)

23
Randomized controlled trial of a nonpharmacologic cholesterol reduction program at the worksite.
Bruno, Robert.; Arnold, Charles.; Jacobson, Linbania.; Winick, Myron.; Wynder, Ernst.
Preventive medicine. July 1983. v. 12 (4) p. 523-532. charts.
New York: Academic Press.
NAL: RA421.P684

Abstract: An 8-week non-pharmacologic, cholesterol (CH) reduction program was conducted at a major corporations's headquarters to determine: the feasibility for changing eating habits in such a setting; and whether significant reductions could be achieved in the coronary heart disease risk factors of elevated blood CH and overweight. Relative to a control group, the program subjects evidenced a significant 6.4% reduction in total serum CH, a decrease in high-density lipoprotein, a notable increase in nutrition knowledge, and a moderate weight loss. (wz)

24
Worksite wellness.
Marcus, Jacqueline B.
The Community nutritionist. March/April 1983.
v. 2 (2) p. 15-18.
Washington, D.C.: Community Nutrition Institute.
Local Call No: TX341.C64 F&N

Abstract: A worksite occupational health program was developed to focus on wellness/lifestyle and includes a lifestyle assessment, group and/or individual results sessions, health promotion activities, follow-up sessions and evaluations. A confidential health risk appraisal and health screening is included in the lifestyle assessment. A preventive nutrition approach stresses moderation and gradual dietary change. Other components of the program (e.g., weight control) are discussed and highlighted with case studies. (kbc)

25
Nutrition in the workplace.
King, Joseph C. JNUEB; Achinapura, Susan.; Van Horn, Linda.
Journal of nutrition education. June 1983. v. 15 (2) p. 59.
ill.
Oakland: Society for Nutrition Education.
Local Call No: TX341.J6

Abstract: Menu items with modified energy, fat, and sodium levels are offered daily in an employees foodservice operation. Most changes in the menu items were not observed by the customers. Substitutions included: polyunsaturated margarine

and corn oil (used in food preparation in place of other types of shortening); skim milk and low-fat cheeses; fresh vegetables; decaffeinated coffee; unsalted french fries; vegetables without salt or salad dressings; and fresh fish and poultry. A calorie chart lists more than 100 cafeteria items. Most changes did not affect food production costs. Employee acceptability was high. (kbc)

26
Weight control through the work place.
Christianson, Meg.; Bielke, Patricia.
School foodservice journal. Nov/Dec 1980. v. 34 (10) p. 38,40. form.
Denver: American School Food Service Association.
Local Call No: 389.8 SCH6

Abstract: Diet and weight control classes were offered to school food service employees as an adjunct to nutrition education programs. Response was enthusiastic to the 8 classes, which offered information on better eating habits, encouraged regular exercise, and supported individual weight loss efforts. Behavior modification was the target: goal weights were set, food intakes were analyzed, and participants worked to identify and change one bad habit a week. Activity increase was suggested through walking or incorporating some change in work habits. Other areas of focus were label reading and eating out. The course ended with self-evaluation, construction of a maintenance diet, and plans for a motivation session.